FORM D

PROCESSED



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1337	1410
	PROVAL
OMB Number	
Expires: A	oril 30,2008 erage burden
Estimated ave	rage burden
hours per resp	onse16.00

SEC USE ONLY								
Prefix Serial								
DATE RECEIVED								

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Barnco Gas, LLC \$7,000,000 10.00% Subordinate Debentures Series 2008	SEC Mail Processing
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	
Type of Filing:	□ .
	APR 1 4 7008
A. BASIC IDENTIFICATION DATA	• • •
1. Enter the information requested about the issuer	Washington, DC
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	112
Bamco Gas, LLC	•
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
111 Presidential Boulevard, Suite 158, Bala Cynwyd, PA 19004	(610) 771-0680
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Oil and Gas Exploration and Production	
·	
Type of Business Organization	
	picase st
	——
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 3 0 4 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated e: de
Actual or Estimated Date of Incorporation or Organization: 0 3 0 4 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	::
Actual or Estimated Date of Incorporation or Organization: 0 3 0 4 Actual Estimated Durisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	: (d)(e)
Actual or Estimated Date of Incorporation or Organization: 0 3 0 4 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal: Who.Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C
Actual or Estimated Date of Incorporation or Organization: [0] 3	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date or
Actual or Estimated Date of Incorporation or Organization: [0] 3	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date of 1549.
Actual or Estimated Date of Incorporation or Organization: [0] 3	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date of 1549. Ity signed. Any copies not manually signed must be out the name of the issuer and offering, any change.
Actual or Estimated Date of Incorporation or Organization: [0] 3	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date of 1549. Ity signed. Any copies not manually signed must be out the name of the issuer and offering, any change.
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filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) FEQ Gas, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 111 Presidential Boulevard, Suite 158, Bala Cynwyd, PA 19004 General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business of Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

		,	, ,	B. 11	NFORMATI	ON ABOU	T OFFERI	NG		•	,	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No	
i. Has the	155uer 5010	i, or does in			Appendix,				-			X
2. · What is	the minim	um investm					=				s 25,0	00.00
2	2. : What is the minimum investment that will be accepted from any individual?										Yes	No
3. Does the	3. Does the offering permit joint ownership of a single unit?										K	Ē
commis If a pers	sion or sim: on to be lis	ion request ilar remune ted is an ass ime of the b	ration for s ociated pe	olicitation rson or ago	of purchase int of a brok	rs in conne er or deale	ection with r registered	sales of sec I with the S	urities in tl EC and/or	ne offering. with a state		
a brokei	or dealer,	you may se	t forth the	informati	on for that	broker or o	dealer only					
Full Name (I Crews & As			vidual)									
Business or	· · · · · · · · · · · · · · · · · · ·		umber and	Street, C	ity. State, Z	ip Code)						
521 Preside		-			-	·F,	•					
Name of Ass	ociated Br	oker or Dea	aler									
States in Wh	ich Danes	Tinted Had	Callaland	I-td-	An Calinia I)h.						
#+ · · · ·		i Listed Has i" or check						•••••			☐ All	States
. [A/L]	[AK]	AZ	[AAR]	CA	[CO]	O T	DE	DC	FL	GA	HI	ID
· IL	IN	1A	KS	K/Y	LA	ME	MD	M/A	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	QH	QK	OR	PA
RI	SC	SD	TN	TX	<u>UT</u>	VT	VA	WA	WV.	WI	WY	PR
Full Name (Last name first, if individual)												
Business or	Residence	Address (1	Number an	d Street, C	ity, State, Z	Zip Code)						
Name of Ass	nainand D	l D-			 							
Name of As:	ociated Bi	ukei di Dei	arcı				•	•				
States in Wh	ich Person	Listed Has	Solicited	or Intende	to Solicit l	Purchasers						
(Check	"All States	s" or check	individual	States)	•••••	***************************************				********	□ AI	l States
AL.	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
IL	IN]	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK.	OR	PA
RI	SC	SD	[TN]	TX	UT	VT	VA	WA	WV	Wl	WY	PR
Full Name (Last name	first, if indi	ividual)								- · · · · · · · · · · · · · · · · · · ·	
Business or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Name of As	sociated R	roker or De	aler									
Name of As	sociated Di	okei oi De	aici									
States in Wi	nich Persor	Listed Ha	Solicited	or Intend	to Solicit	Purchasers					<u> </u>	
(Check	"All State:	s" or check	individual	States)		••••••			.,	***************************************	☐ A1	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	Œ
IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	-	
			
	Equity		\$
	Convertible Securities (including warrants)		s
	Partnership Interests		
	Other (Specify)		
	Total	6,864,627.00	c 6.864.627.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.			
۷.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		A
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	39	\$ 6,864,627.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.	•	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_5,000.00
	Printing and Engraving Costs		§ 834.63
	Legal Fees		§ 52,500.00
	Accounting Fees		S
	Engineering Fees		S
	Sales Commissions (specify finders' fees separately)	_	S
			s 701,665.37
	Other Expenses (identify) Cusip, DTC, Portal, Consultant fees; Placement Agent fee; etc.		3

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		s6,104,627.00
	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		 \$
	Purchase of real estate		
	Purchase, rental or leasing and installation of machinery and equipment].\$	s
	Construction or leasing of plant buildings and facilities] \$ _	s
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	¬ \$	
	Repayment of indebtedness		
	Working capital		
	Other (specify):		
			□ \$
	Column Totals	s 0.00	S 6,104,627.00
	Total Payments Listed (column totals added)	□ \$ <u></u> 6,	104,627.00
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, upon writte	
SS	uer (Print or Type) Signature / 1	Date	
В	amco Gas, LLC	April 2, 2008	
	me of Signer (Print or Type) Title of Signer (Print or Type) Manager of Member		
	ividilage of Wernber		

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 pres provisions of such rule?		Yes	No K
	See A	ppendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to fur D (17 CFR 239.500) at such times as required	rnish to any state administrator of any state in which this notice is f by state law.	iled a no	tice on Form
3.	The undersigned issuer hereby undertakes to fissuer to offerees.	urnish to the state administrators, upon written request, informat	ion furn	ished by the
4.		ner is familiar with the conditions that must be satisfied to be enture in which this notice is filed and understands that the issuer claiming that these conditions have been satisfied.		
	er has read this notification and knows the contenthorized person.	ts to be true and has duly caused this notice to be signed on its beha	lf by the	undersigned
Issuer (Print or Type)	Signature / 1 Date		
Bamco	Gas, LLC	MApril 2, 2008		
Name (I	Print or Type)	Title (Print or Type)	-	
Ernest	A. Bartlett	Manager of Member		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 1 3 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach . offering price Type of investor and to non-accredited explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of į Accredited Non-Accredited Yes No Investors **Investors** State Yes No Amount Amount 6,864,627.00 1 ALX \$45,000.00 × ΑK ΑZ AR 6,864,627.00 \$2,690,000. X 5 X CA6,864,627.00 1 \$25,000.00 × CO 6,864,627.00 CT × 3 X DE DC FL × 1 6,864,627.00 × GA HI ID IL 1 X 6,864,627.00 IN IΑ KS 6,864,627.00 1 X X KY 6,864,627.00 1 \$25,000.00 X X LA ME MD 5 MA × 6,864,627.00 X ΜI MN MS

1 2 3 4 5 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach offering price Type of investor and to non-accredited explanation of offered in state amount purchased in State investors in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) (Part E-Item 1) Number of Number of Non-Accredited Accredited State Investors Yes No **Investors** Amount Amount Yes No MO MT NE NV ΝH NJ NM NY NC ND 6,864,627.00 4 \$400,000.0 × OH X 6,864,627.00 1 OK X × OR PA RΙ SC SD ŤΝ \$75,000.00 × 6,864,627.00 1 X 140,000.0 4 TX 6,864,627.00 X UT VT VΑ WA 6,864,627.00 wv X 5 X WI 6,864,627.00 6 \$150,000.0d ×

APPENDIX

				APP	ENDIX	· ·			
1			5 Disqualification						
	to non-a	d to sell accredited es in State d-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				
WY									
PR									